

# **Enhancing Change Process in Solution-Focused Brief Therapy by Utilizing Couple Enactments**

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*Solution building is a central change process utilized in solution-focused brief therapy (SFBT) to focus on intrinsic abilities and strengths of clients in order to effect change. Enactments, defined as couple-focused interaction coached by the therapist, have been identified as a core therapeutic skill designed to address issues within the natural context of the couple relationship, thereby yielding increased couple self-reliance and interactional confidence. Although the solution-building process as carried out in SFBT does not discourage the making of new meaning through direct couple interaction, no scholarly work has addressed the idea of enhancing the solution-building process by utilizing an enactment framework. This article aims to integrate the processes of solution building and enactments by providing a conceptual justification and an operational description.*

## **INTRODUCTION**

### **The Solution-Building Process in SFBT**

Solution-Focused Brief Therapy (SFBT) is a collaborative, post-modern approach in marriage and family therapy that privileges clients' expertise regarding their own experience and presupposes client competency, strength, and resiliency in being able to generate exceptions, accomplish goals, and incorporate solutions into their lives (Berg & De Jong, 1996). In SFBT, there are no deficient, unchangeable clients, only exceptions and solutions yet to be discovered. Solution building focuses on the power of language to

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facilitate increased awareness of exceptions to client problems, thereby allowing clients to form a mental representation of solutions and consciously increase the frequency of solution-oriented behaviors that will allow them to achieve their goals (De Jong & Berg, 2002; Smock, 2006; Walter & Peller, 1992). Thus, SFBT utilizes solution building to generate and enhance change process by operating from the following premise: "It is easier to repeat already successful behavior patterns than it is to try and stop or change existing problematic behavior" (Berg, 1994, p. 10).

This positive, resiliency-based approach has been preliminarily linked to positive research outcomes for a variety of individuals and presenting issues (Berg & De Jong, 1996; Gingerich & Eisengart, 2000; Kim, 2006) by (1) empowering clients to build upon intrinsic resources and strengths, (2) developing explicit, measurable, and obtainable goals, (3) emphasizing exceptions, (4) identifying and facilitating solutions, (5) regularly providing feedback and evaluating progress, and (6) continually fostering a sense of hope and expectancy for change (Berg & Dolan, 2001; De Jong & Berg, 2002; Smock, 2006). The preceding objectives are most often accomplished by generating multiple points of solution-building dialogue through interventive conversations that include the miracle question (De Jong & Berg, 2002; de Shazer, 1988), explicit questions about deliberate and random exceptions (de Shazer, 1985), scaling questions (De Jong & Berg, 2002; de Shazer, 1994), relationship questions (De Jong & Berg, 2002; Pichot & Dolan, 2003) and compliments (De Jong & Berg, 2002).

Despite emphasizing the importance of questions centering on relationships to amplify exceptions by increasing functional and motivational responses that will generate and elaborate solutions in terms of interactional meaning from a variety of perspectives, scholarly work in SFBT has seemingly overlooked dyadic treatment, choosing instead to highlight the elements of its systemic approach that are effectively used with individuals. This trend is also reflected in empirical research, as Kim (2006) detailed approximately 56 quantitative and qualitative outcome studies in SFBT, only five (8.9%) of which specified couples as the unit of analysis (three more analyzed the family unit). Although systemic treatment with individuals is an important and often neglected aspect of marriage and family therapy models, it is also necessary to make more explicit the nuances of SFBT when treating couples and the manner in which dyadic processes, such as couple-focused enactments, might be used to enhance SFBT.

### Couple Enactments Conceptually and Operationally

Enactments are defined as "therapist-coached couple/family interaction" (Butler & Gardner, 2003, p. 312) and represent a client-centralized therapeutic process designed to facilitate increasingly constructive, self-reliant

partner interaction. Enactments operate on both an attitudinal and behavioral level in order to bring about desired change. Attributions change as each partner experiences the other differently than what may be considered typical. In addition, more functional interactional patterns are highlighted and implemented within the context of the partner dialogue.

Developmentally, enactments may adapt interactional structure and therapist-role to varying levels of couple reactivity, emotionality, and volatility (Butler & Gardner, 2003). According to Butler and Gardner's (2003) developmental model, therapist-imposed structure is highest during the early stages of therapy, when couple volatility and emotionality are most likely at their pinnacle. As a result, couple interaction is filtered through the therapist during the early stages in order to dampen reactivity and facilitate mutual understanding. The therapist later decreases interactional structure by shifting to the periphery and actively coaching direct couple process in order to slow down the interaction, amplify awareness, and make expression explicit for each partner. With increased confidence, hope, and self-reliance, therapist intrusions into couple process become much less frequent (see Butler & Gardner, 2003, and Davis & Butler, 2004 for more information about the various stages and phases of enactments).

Enactments have been set forth in other scholarly work as a candidate core therapeutic change mechanism according to the criteria of universality and utility (Butler, Davis, & Seedall, 2006; see Sexton, Alexander, & Mease, 2003, and Sprenkle & Blow, 2004, for more information on core therapeutic change mechanisms). Enactment near-universality refers to the high degree of applicability within the context of a variety of modalities and clinical orientations (structural family therapy, Minuchin & Fishman, 1981; Relationship Enhancement, Guerney, Brock, & Coufal, 1986; behavior marital therapy, Jacobson & Margolin, 1979; emotionally focused therapy, Greenberg & Johnson, 1988; and narrative therapy, Brimhall, Gardner, & Henline, 2003) and for a multiplicity of purposes.

Enactment utility is measured by contributing to positive therapeutic outcomes. Empirical research has found that couple-responsible process characterized by enactments, therapist accommodation, and inductive process decreases struggle and increases couple responsibility, ultimately leading to more positive clinical outcomes (Butler & Wampler, 1999). Conversely, therapist-responsible process exemplified by therapist-couple interaction, therapist interpretation, and direct instruction was found to decrease the perception of couple responsibility and increase therapist-client struggle, thereby contributing to less positive clinical outcomes. Thus, enactments may decrease therapist-client struggle and foster greater cooperation and collaboration, increased interactional autonomy, and more positive therapeutic outcomes by centralizing couple interaction and engagement in therapy and privileging the couple relationship as the primary agent of change (Butler & Bird, 2000; Butler & Wampler, 1999).

Despite the potential utility and universality of enactments, no scholarly work has addressed prospective benefits of direct couple interaction within the solution-building process. In addition, various forms of enactments have primarily been conceptualized in terms of problem-focused therapies such as structural family therapy (Minuchin & Fishman, 1981). Although more recent scholarly work has sought to broaden the conceptual understanding of the universality and utility of enactments (Butler & Gardner, 2003; Butler et al., 2006; Davis & Butler, 2004; Seedall & Butler, 2006), including their potential applicability to postmodern oriented therapies (Brimhall et al., 2003), this work seeks to provide a conceptual justification as well as an operational demonstration (i.e., case examples) of utilizing couple-focused enactment within the solution-building framework found in SFBT.

### INTEGRATING THE SOLUTION-BUILDING PROCESS AND ENACTMENTS

Having discussed the solution-building process as well as a developmental model of enactments, the following section provides a conceptual and operational justification of how enactments may fit comfortably within the goals and objectives of solution-building typology, despite being adapted primarily to problem-focused modalities in the past. Several important shared assumptions may be extrapolated from the preceding sections on solution-building and enactment processes: (1) the therapist-client relationship is approached from a respectful, collaborative stance, thereby minimizing therapist-client struggle that impedes progress and is predictive of poorer therapeutic outcomes (Miller, Benefield, & Tonigan, 1993); (2) hope and change expectancy are essential processes in working towards and achieving desired change; and (3) change potential, the ability to effectuate self-directed change, and overall competency are inherent within the client, thereby enhancing confidence and self-reliance.

Relationship questions are in integral part of solution building because of their ability to provide an interactional context to the process of generating exceptions and solutions. Pichot and Dolan (2003) explain that relationship questions facilitate client assessment of “the impact achieving their goals will have on the important people in their life” (p. 24). Enactments provide many similar benefits, but within the most natural interactional context of the couple interaction. Berg and De Jong (1996) posit that change occurs in the context of solution building as partners “interact and perceptions and definitions of what is real frequently shift” (p. 376). The generating of solutions and new meaning occurs when there are “changes in perceptions, patterns of interacting and living, and meanings that are constructed within the client’s frame of reference” (Berg & De Jong, 1996, p. 377).

Enactments represent an important interactional context in which partners may develop new meanings regarding themselves, their partners, and their relationship. Butler and Gardner (2003) set forth that the process of enactments provides each spouse with a “window on the other’s world,” (p. 317) thereby allowing each spouse the opportunity to see and hear things from the other spouse that may facilitate the making of new meaning. Through enactments, clients are able to magnify not only self- but other-understanding, including partner experiences and perceptions of exceptions, thereby increasing awareness, motivation, and change expectancy.

Despite enactments’ potential utility and universality and the sharing of important assumptions with solution building, no scholarly work has addressed the solution-building process, as described in solution-focused brief therapy, in the context of couple-focused, therapist de-centralized interaction. Although direct couple interaction is not contraindicated and may even be presupposed in the solution-building process, no explicit explanation has been offered to facilitate both conceptual understanding and operational competence. This article also aims to further conceptually validate enactments as capable of being useful to both modern and postmodern modalities and adaptable to both problem-focused and solution-building approaches. Thus, the remainder of this paper will focus on enactments as (1) conducive, (2) generative, and (3) catalyzing to the solution-building process in SFBT.

#### CLINICAL VIGNETTE

A brief clinical vignette will also be provided following each conceptual justification for enhancing the solution-building process by utilizing enactments. The vignette couple, while hypothetical, is based upon both theory and clinical experience, and any details that may mirror a specific couple are unintentional and coincidental. Lois and Henrick have been married seven years and have one child, age two. They are seeking therapy for couple-related issues, including loud arguments and an inability to understand one another. They are eager to change their relationship for their daughter’s sake, but they are somewhat frustrated and unsure of how the change will take place.

#### Enactments as a Conduit to and from Solution-Building Process

Enactments may represent a valuable conduit to and from solution-building process. As a pathway *to* solution-building process, the therapist may facilitate, highlight, and commend the partners for exceptions that occur within the context of the couple interaction. Although couples may enter therapy indicating that communication is a major obstacle, solution building presupposes that past exceptions exist to what they view as problematic

communication. Enactments allow exceptions to be demonstrated and emphasized in real-time interaction rather than solely retrospectively. In this manner, enactments provide a valuable framework for facilitating the realization that clients are very likely already doing things to accomplish their desired way of being but merely need to increase the frequency of those exceptions.

In addition, a conduit may also exist *from* solution-building process to enactments. As a therapist seeks to facilitate couple identification of exceptions within a typical, therapist-centralized solution-building interview, s/he may ask the clients to demonstrate what identified exceptions actually look like, thereby emphasizing the exception by having the couple re-experience the exception and its attendant thoughts, feelings, and actions.

#### EMOTIONS WITHIN ENACTMENTS AND SOLUTION BUILDING

Much of previous scholarly work has conceptualized enactments as having an attachment interventive focus (Andersson et al., 2006; Butler et al., 2006; Butler & Gardner, 2003; Davis & Butler, 2004; Seedall & Butler, 2006). This has proven effective as the expression of attachment needs and longing may be facilitated through enactments in order to effectuate a softening experience (Andersson et al., 2006; Seedall & Butler, 2006). Although it may be said that emotional issues involving attachment and self-concept are less of a focal point to many solution-focused therapists, Miller and de Shazer (2000) maintain that it is possible to “construct a positive emotional—but still solution-focused—climate in therapy” (p. 14). Lipchik (2002) also posits that, at times, it may be necessary to assist the client in clarifying emotion in order to increase awareness and thereby facilitate goal and solution development. Thus, emotions can be a valuable pathway to solution-building process.

Consequently, enactments may contribute additional benefits when utilized in accessing essential emotions that may facilitate softening and generate further exceptions. In fact, softening may be assumed to be a viable exception for many couples who have experienced softened interaction previously in their relationship but for whom increasing the frequency of softening would act as a solution in helping them accomplish their goals. Nonetheless, despite the potential utility of enactments in facilitating key emotional processes, enactments have significant potential to effectuate important clinical outcomes independent of whether a therapist views emotions as a primary component of the therapeutic change process.

#### CLINICAL VIGNETTE: ENACTMENTS AS A CONDUIT TO AND FROM SOLUTION BUILDING

The following brief examples demonstrate the utility of solution building in the context of enactments. In the first example, Lois and Henrick are

engaged in a middle stage enactment where they are talking directly to one another at the beginning of the session regarding a question by the therapist about what was better the previous week. This context provides an excellent opportunity for the therapist to highlight an exception that occurs in their interaction.

*Lois:* So what do *you* think was better?

*Henrick:* I don't know. You first.

*Lois:* Uggh! You always. . . I mean, Henrick, I would really appreciate it if you started so I could know that it is important to you.

*Therapist:* Wait, something just happened there that seems quite a bit different from how you've both described your interaction in the past. Could you tell me more about that?

*Lois:* Well, I was going to get upset at him for trying to get out of talking but then I just decided to say it differently.

*Therapist:* Hmm. You decided to say it differently?

*Lois:* Well, yeah. I just figured I needed to let him know that it was important to me that he starts. I think we've done that before at times, so it really isn't that big of a deal.

*Therapist:* Umhmm. (to Henrick) What was useful about what just happened?

*Henrick:* Well, I know now that it was important to her because before it would just seem like she would suddenly blow up and I wouldn't have any clue what I had done wrong.

*Therapist:* Okay. (to Lois, transitioning back to the enactment) Lois, you had indicated that you wanted Henrick to talk first about what was better this past week because it would represent to you that it was important to him. What else would let you know that it is important to Henrick?

*Lois:* Well, it seems like I usually share my feelings first and then he just agrees with me. Henrick going first shows me that he really means what he is going to say.

*Therapist:* Mmhmm. I wonder if it would be useful to tell that directly to him.

*Lois:* Probably. (to Henrick, continuing the enactment). Henrick, I would really like to hear you talk first about what was better so I can know that the things you say are important to you. . .

The next brief vignette occurs outside of an enactment, with the therapist utilizing a scaling conversation in referring to Henrick's miracle. The therapist will then make Henrick's expression more explicit and real by facilitating an enactment.

*Therapist:* Eight? So you feel like you are an 8 out of 10 for confidence that you will reach your miracle?

*Henrick:* Yeah, around there.

*Therapist:* So what tells you that you are an eight rather than, say, a seven?

*Henrick:* Well, I think we can each see that the other is trying.

*Therapist:* What specifically told you that you were trying?

*Henrick:* Well, I think we are stopping and thinking more before we get mad and defensive.

*Therapist:* Hmm, this sounds helpful. I wonder if you could talk directly to Lois about what happened this past week that let you know you were stopping and thinking more?

*Henrick:* Uh, okay. (to Lois) I think we are both recognizing that we're trying more, like when you were upset about me getting home late on Tuesday but said it in a very calm way.

*Lois:* I agree. (The enactment continues, with Lois and Henrick talking directly to one another while the therapist coaches the interaction from the periphery).

In the above examples, the congruence between enactments and solution-building conversations is demonstrated. The solution-building process emphasizes the importance of therapist language, including utilizing exact client language, connecting and building upon each talk-turn, and also incorporating solution-building language into the interaction. These objectives can be comfortably accomplished within an enactment framework, as the therapist uses and builds upon exact client language in coaching and facilitating solution-building process. This is all achieved within, and while maintaining primary focus on, the couple relationship.

### Enactments as a Generator of the Solution-Building Process

In addition to the potential to be a valuable conduit to and from solution building, enactments constitute a valuable context in which to generate solution-building process and dialogue. Walter and Peller (1992) set forth the idea that one of the key assumptions of solution-focused therapy is that "meaning and experience are interactionally constructed" (p. 24). Enactments offer a valuable context through which new meaning may be experienced *in vivo*, within the couple relationship.

A developmental model of enactments represents a valuable scaffolding for solution building with couples utilizing a variety of SFBT interventions, including the miracle question, relationship questions, exception questions, scaling questions, and compliments. Rather than only facilitating interventions in a therapist-centered, question format, SFBT interventions may be enacted in a couple-focused, interactional context, thereby allowing the couple to experience the synergistic effect of generating solutions in partnership together rather than independently.

From a developmental perspective, the primary objectives for the therapist in facilitating a solution-building dialogue within an enactment would be to assess both the couple's volatility and solution-building capacity and then carefully adapt and accommodate enactment structure and roles to those



couple dynamics. The following sections detail how various solution-building conversations may be incorporated into enactments.

#### BEGINNING STAGES OF SOLUTION-BUILDING AND ENACTMENT PROCESS

During these early stages, couple reactivity and volatility are likely to be high, and facility towards solution building may be relatively nascent. As a result, in these early stages, all of the interaction passes through the therapist, who seeks to empathically join with the client and model solution-building process. In addition, partner roles are very distinct, with one partner listening as the therapist engages the other client in a solution-building conversation before later shifting the speaking and listening roles. Thus, in beginning the process of enumerating measurable goals and working towards exceptions and solutions, therapeutic process involving the miracle question and scaling is likely to appear very similar to typical therapist-centralized solution-building conversations while adding the element of preparing the clients for couple-focused, interactional solution building.

#### CLINICAL VIGNETTE: EARLY STAGE ENACTMENTS AND SOLUTION BUILDING

As stated previously, early stage enactments look very similar to typical, therapist-centralized solution-building dialogue. In fact, stage one enactments are structurally identical to typical solution-focused conversations. For that reason, an example of this is deemed to be unnecessary. However, stage two enactments represent a processual shift as the therapist shifts more often between partners and begins to model important interactive elements with the intent of preparing each partner for direct couple interaction in the future. During the following example, the therapist has asked each partner to think about the miracle question.

*Therapist:* Lois, if your daughter could talk, what might be the first thing that she notices following the miracle?

*Lois:* I think she would not see her father and me avoiding each other so often.

*Therapist:* What would she see instead?

*Lois:* We would probably be warmer with each other, and we would hug more often.

*Therapist:* Henrick, what might your daughter notice first about you?

*Henrick:* She might see me get less frustrated with Lois.

*Therapist:* So instead she would see...?

*Henrick:* She would see me talk through things calmly rather than getting upset and leaving.

*Therapist (to Lois):* Tell me about a time recently when you were a little warmer with each other and/or talked a little more calmly about things? (The enactment continues.)

In the above example, it is important to notice that the therapist is helping model and facilitate positive identification. Often, couples identify change as the absence of something negative rather than the presence of something positive. The therapist is helping the couple to be able to make more conscious exceptions that will help move them towards their goals.

#### MIDDLE STAGES OF SOLUTION-BUILDING AND ENACTMENT PROCESS

During the middle stages, the therapeutic process begins to shift both structurally and processually from typical, therapist-centered solution building. Volatility and reactivity are lower at these stages and presuppose direct couple interaction. In addition, earlier conversations have prepared each partner to view their situation from a more solution-oriented viewpoint, making exception identification more likely. As a result, the therapist shifts to the periphery and begins to actively coach the couple interaction and solution-building process.

The middle stages represent a crucial time for the couple, as they begin to experience nascent self-reliant process. The therapist highlights and compliments successful interactional and solution-building elements while also assisting partners to navigate through more difficult moments. Thus, the goal of the middle stages is for the couple to be successful and to experience directly the results of the solution-building process in their relationship.

#### CLINICAL VIGNETTE: MIDDLE STAGES OF ENACTMENTS AND SOLUTION BUILDING

The example that follows demonstrates the therapist actively coaching interactional and solution-building process. One important intervention that will be demonstrated is proxy voice, or speaking in a client's voice (Seedall & Butler, 2006). This can be especially useful when clients are unsure of how they could express themselves. The therapist asks permission, slides his/her chair along side the speaking partner, and then offers a tentative response as if s/he were the speaking partner. The therapist then allows the speaking partner to evaluate what was said and to put the expression in his/her own words. In the following enactment, the couple has been discussing a scaling question set forth by the therapist regarding how hard they are each willing to work for change.

*Henrick:* Uh, I would say a six.

*Lois:* Six?! I was going to say nine! I can't believe you are only a six!

*Therapist:* Lois, I can see that you're upset. It is rather frustrating to know that your scales were so different. However, it is actually quite common for partners to scale themselves differently. What would let you know Henrick understands what's going on for you right now?

*Lois:* Well, why should I try if he...

*Therapist* (slides chair alongside Lois): Would it be useful if I tried to describe what I think you're feeling?

*Lois:* Sure, I guess so.

*Therapist:* Please let me know as I talk what you decide fits and what does not.

*Lois:* Okay.

*Therapist* (to Henrick): Henrick, I really need to understand what a six means for you because when I hear you're a six, I get kind of scared that you might give up. It would help me to know what makes you a six instead of a five.

*Therapist* (to Lois): Okay, how is that useful for you?

*Lois:* Well, I think I really am afraid that I'm going to be working harder than him, and it will never work that way. I hadn't thought about what a five might look like for him.

*Therapist:* What would be useful for you to say to him right now?

*Lois:* I think I would like to tell him that I really want us both to work equally hard on the relationship, so I need to know what a six really means for him.

*Therapist:* It sounds like it would be useful to tell him what you're telling me.

*Lois:* Okay. (Turns to Henrick) Henrick, I need to understand why you're a six and what that means to you because I'm afraid it means you're not as willing to work on things. Maybe it would help if you told me why you're a six and not a five. (Enactment continues.)

#### LATER STAGES OF SOLUTION-BUILDING AND ENACTMENT PROCESS

The later stages of enactment and solution-building process are identified by increasing interactional and solution-building autonomy. Partners are increasingly confident and therapist coaching interruptions are minimal. Therapists shift from coach to support, only utilizing minimal verbal reminders to assist partners in their interaction. Ultimately, partners are able to accomplish their interactional goals as well as focus on solution building independent of the therapist.

#### CLINICAL VIGNETTE: LATER STAGES OF ENACTMENTS AND SOLUTION BUILDING

Enactment stages four and five represent a major shift as the couple interacts directly with little to no therapist intrusion. The therapist shifts from a process coach to support ongoing interaction and remind partners when necessary using minimal verbal prompts. The following example depicts Lois

and Henrick discussing the exceptions that they have been able to generate since beginning therapy.

*Henrick:* I think we have hugged more in the last couple of months than we did in the previous three years!

*Lois:* Yeah, that means a lot to me. I think we are doing better making time for our couple relationship, too.

*Henrick:* I really enjoy our weekly dates.

*Lois:* Even when *you* lose the tickets to the play!

*Henrick:* Oh, come on. I can't believe you brought that up. I told you I was sorry. . .

*Therapist:* Henrick, it might be useful to say it in a way that will ensure that Lois really hears what you're saying. (to Lois) Lois, how does Henrick need to say it so you know he is hearing you?

*Lois:* Hmm. I'm not sure. I think it would be nice to know what was going on inside for him when I said that.

*Henrick:* Okay, sorry. I really feel bad about that, and when you bring that up, even joking, it hurts my feelings.

*Lois:* I appreciate your efforts, and I'm sorry. (Enactment continues.)

### Enactments as a Catalyst of Self-Reliant Solution-Building Process

Perhaps two of the most crucial goals for both solution building and enactments are to facilitate and foster self-reliance and hope/expectancy for change. Solution building fosters self-reliance through its assumption that all clients possess the resources necessary to change. As clients experience the therapeutic change process, hope and expectancy for change incrementally increase as they further realize their own unique capacity for resiliency and for achieving desired change. Similarly, Seedall and Butler (2006) set forth that a primary goal of enactments is "couple self-reliance and interactional confidence, hope, and expectancy for change" (p. 422). As clients experience success in enactments, their assurance of their capacity for self-reliant interaction increases. Furthermore, enactments are an implicit acknowledgement that the therapist actually does trust the clients' resources in being able to discuss exceptions and generate exceptional instances in therapy.

Integration of solution-building and enactment process provides a variety of advantages. As partners experience interactional success in enactments, both self- and relational-confidence increase. Coaching the couple to engage in a solution-focused dialogue within enactments increases the likelihood that some of the client conversations at home will concentrate on building solutions rather than focusing on problems and deficits. In addition, as strengths are highlighted, exceptions uncovered, and solutions generated, clients begin to develop a self-concept defined by aptitude and resilience. Thus, when solution-building process occurs in the context of

enactments, the likelihood of augmenting hope and change expectancy is magnified.

## CONCLUSION

This paper is not intended to be a dogmatic declaration that enactments be unequivocally incorporated into every solution-building effort. It is also not meant to diminish the importance and utility of interventive questions. Rather, it attempts to address a heretofore unexplored, potentially valuable therapeutic process for facilitating solution-building conversations in relational therapy. Although there will possibly be times when therapist-centralized solution building is presupposed (most likely to occur early in the therapeutic process), therapists should be cautioned not to underestimate the potential utility of enactments nor be ignorant of the core elements necessary for their success (Butler & Gardner, 2003; Butler et al., 2006; Davis & Butler, 2004; Nichols & Fellenberg, 2000).

Unfortunately, therapists may abandon or neglect utilizing enactments simply because they feel less comfortable and perceive it to be more difficult to organize couple-centralized therapeutic process than therapist-centralized process, thereby forfeiting the constructive elements of enactments. It is recommended that employment of enactments in couple therapy be the rule rather than the exception, but also caution should be taken against using enactments hastily by simply directing the couple to talk to each other, which is likely to lead to poorer outcomes and therapist abandonment of this core therapeutic skill (Nichols & Fellenberg, 2000). However, a solution-building dialogue engaged within the context of a carefully developed and facilitated enactment is likely to achieve positive therapeutic outcomes by utilizing a collaborative climate to highlight and expand client strengths and resources while also fostering increased self-reliance, hope, and change expectancy.

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